Revision: HCFA-PH-87-4 (BERC)

ATTACHMENT 3.2-A

STATE PLAN UNDER TITLE	XIX OF THE SOCIAL SECURITY ACT	
NE)	JERSEY	
COORDINATION OF TITLE	KIK WITH PART B OF TITLE XVIII	
method is used to prove XVIII to the groups of	ide the entire range of benefits u of Medicare-eligible individuals i	nder ndicated:
agreements with the Sec	cretary of HHS. This agreement co	vers:
supplementation, who	are categorically needy under the	State's
		under
<u>/X</u> / Yes	<u>/ /</u> No	
supplementation, or a title IV-A plan, who	money payment under the State's a are categorically needy under the	
		under
<u>/X</u> / Yes	<u>/ /</u> No	
plan. Except for Medineedy enrolled in 1915 remium payment arrange	cally Needy and optionally categor (c) programs. ment entered into with the Social	rically
of the following group:	s: Except for Medically Needy an	
ow XIX paysif St. #3 for same group-only ney payment receipts as	ate has buy-in (which covers premi y if it does #3 for another group, nd #3 for non-\$-receipts. How it	lum), it , e.g. handles
	method is used to prove XVIII to the groups agreements with the Second Individuals receiving supplementation, who approved title XIX plane approve	method is used to provide the entire range of benefits used IVIII to the groups of Medicare-eligible individuals is agreements with the Secretary of HHS. This agreement control Individuals receiving SSI under title IVI or State supplementation, who are categorically needy under the approved title XIX plan.  Persons receiving benefits under title II of the Act or the Railroad Retirement System are included:  \( \frac{IV}{\text{Y}} \text{ Yes} \)  Individuals receiving SSI under title IVI, State supplementation, or a money payment under the State's a title IV-A plan, who are categorically needy under the approved title XIX plan.  Persons receiving benefits under title II of the Act or the Railroad Retirement System are included:  \( \frac{IV}{\text{Y}} \text{ Yes} \)  All individuals eligible under the State's approved title plan. Except for Medically Needy and optionally categor needy. enrolled in 1915(c) programs. remium payment arrangement entered into with the Social tration. This arrangement covers the following groups:  of deductible and coinsurance costs. Such payments are of the following groups: Except for Medically Needy and ly categorically needy enrolled in 1915(c) programs.  nly to comparability of devices - benefits under XVIII tow XIX paysif State has buy-in (which covers premisely and payment receipts and \$3 for another group, needy payment receipts and \$3 for another group.

TN No. 87-14 Supersedes
TN No. <u>74-7</u>

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